

HM
PART B - FEE(S) TRANSMITTAL

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Commissioner for Patents
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7590 09/25/2002

JONES VOLENTINE, LLC
 SUITE 150
 12200 SUNRISE VALLEY DRIVE
 RESTON, VA 20191



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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/759,639	01/16/2001	Masahiro Yoshida	OKI.206	2239

TITLE OF INVENTION: SEMICONDUCTOR DEVICE HAVING A THICK OXIDE LAYER UNDER GATE SIDE WALLS AND METHOD FOR MANUFACTURING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	12/26/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
HO, TU TU V	2818	257-395000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

VOLENTINE FRANCOS, PLLC

2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Oki Electric Industry Co., Ltd.

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee

Advance Order - # of Copies 5

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A check in the amount of the fee(s) is enclosed.

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The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0238 (enclose an extra copy of this form).

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(Authorized Signature) ANDREW J. TELEZS, JR. (Date) 12-19-02

Andrew J. Telezs #33,581

12/20/2002 NMHDAMM2 00000004 09759639

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 02 FC:8001

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